	MULTIPLE DEPENDENT CLAIM								SERIAL NO. 10 (0.7 190 FILING DATE 2						
FEE CALCULATION SHEET								APPLICANT	(S)						
	AS F	TLED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS	1			F		F		
	MD	DEP	AMEN	DEP	MD	DEP	İ		IND	DEP	IND	DEP *	IND	DEP	
1	1						1	51				1	7	1	
2							I	52						1	
3			-			 	l i	53			 				
4				ļ	ļ	ļ <u>.</u>]	54				ļ			
5						 	l	55			 -			!	
6				ļ		<u> </u>	1	56				ļ		 	
7				 		ļ	ļ.	57			}	}		ļ	
-8				 		 -	ł	58 59			 	 		}	
9	,,			 			. .	60			 -	 		 -	
10							1	61				 		 	
12	/			1			l	62			 	 		1	
13	1						}	63						 	
14								64						1	
15								65							
16								66							
17								67			 				
18								68			.			L	
19								69			 				
20				ļi				70			ļ. <u></u>				
21		\		 				71							
		l}						72			 -			 	
23		 						73 74							
24		1						75			 	}			
25 26		+						76							
27				 			1	77							
28				1			l	78						t	
29				·			1	79							
30								80							
31								81							
32								82			!	<u> </u>			
33				<u> </u>				83			ļ	ļi		ļ	
34		1				ļ	}	84			}	 		ļ	
35		 		 	<u> </u>	ļ	}	85				1			
36		HI		ļ			l	86			 	 	 	├	
37		H - I	· · ·	 	 -		}	87			 				
38				 	 		1	88			 	}		 	
39				 	 	 	1	99 90			 	 	 	1	
40				}			1	91					 -	1	
42					 -	 	Ì	92							
43					 		1	93							
44				· · · · ·			1	94							
45	l						ļ	95							
46							}	96			L				
47							l	97			<u> </u>	ļ	L	<u> </u>	
48							{	98			ļ	 		 _	
49				 		 	l	99			 	 	ļ	 	
50				ļ			ł	100				ļ	<u> </u>	 	
OTAL IND.	1			1		1	1	TOTAL IND.		f				}	
OTAL EP.	9	+	-	 +	-	الـــــ	ì	TOTAL DEP.	-	*	-	▼	-		
OTAL LAMS	10							TOTAL: CLAIMS						- 2	